



FOR IMMEDIATE RELEASE

North Suburban Regional Human Rights Authority
Report of Findings
HRA #12-100-9015
West Chicago Terrace

In May 2012, the North Suburban Regional Human Rights Authority opened an investigation of possible rights violations within West Chicago Terrace. The complaints accepted for investigation are that a resident is being made to take medication that gives her unwanted side-effects, the medication interferes with her medical condition and she does not need the medication. It was also alleged that when the resident tries to call family members, the numbers are blocked by facility personnel.

Residents receiving services at West Chicago Terrace are protected by the Nursing Home Care Act (210 ILCS 45/100 et seq.).

West Chicago Terrace is a 120-bed, for-profit Intermediate Care facility located in West Chicago, Illinois.

Method of Investigation

The HRA conducted an on-site visit in June 2012. While at West Chicago Terrace, the HRA discussed the allegation with the facility's Administrator and a Case Worker. The resident whose rights were alleged to have been violated was interviewed by telephone and in person. The HRA reviewed the resident's clinical record with consent. The HRA acknowledges the full cooperation of agency personnel.

Findings

The resident stated that she was hospitalized at an area hospital in March 2012 and upon her return, she was being made to take Depakote. She stated that she does not need this medication and the medication makes her tired all the time, which she does not like. She also stated that the medication interferes with her heart problems.

The clinical record revealed data on a 45 year old female admitted to the facility on April 27, 2011 with a diagnosis of HTN (hypertension), paranoid schizophrenia, COPD (Chronic Obstructive Pulmonary Disease), and DJD (degenerative joint disease).

According to facility personnel, the resident returned from a hospital stay on March 20, 2012, with an order for Depakote. It was stated, and the chart confirms, that the resident signed a consent saying that she authorized licensed personnel to administer the Depakote. Facility personnel stated that although the resident signed the consent, she exercised her right to refuse the medication, the refusals were honored and the medication was subsequently discontinued. It was stated that the resident would not acknowledge that she was in the hospital for behavioral health reasons, saying she was there for medical problems.

A physician's progress note dated 3/28/12 documented that the resident stated that she did not want to take Depakote anymore. The physician documented that the resident was reminded that she did well on this medication while in the hospital, and the resident replied that the "hospital is different." It was recommended that she continue with the medications. A month later the same physician documented that the resident continues to think that she does not need any medications. A review of the MARs (Medication Administration Records) showed that the resident consistently refused the Depakote, the refusals were honored and the Depakote was discontinued in May.

Facility personnel explained that the resident has a delusion that she has had several heart attacks as well as open heart surgery. It was stated that the facility obtained many past medical records for funding purposes, and although the resident had a hospitalization history, it was not due to medical conditions. They found that she would often present to the Emergency Department with (for example) chest pains, but the symptom was contributed to stress. There is no documentation in the chart to show that the resident has had a heart condition.

In reference to the concern of the telephone being blocked, it was stated that the facility has no way to block specific calls except long distance and overseas calls. It was offered that the resident does call her children but they believe other family members are not accepting her calls. The facility has a portable telephone for resident use; the resident signs-up to use the phone and can make the call in a private area located off the main lobby or a room is also available if additional privacy is requested. To receive an in-coming call, the receptionist takes a message and relays that message to the resident. In a subsequent interview with the resident, she stated that the telephones were never blocked.

Conclusion

Pursuant to the Nursing Home Care Act, Section 2-104, "Every resident shall be permitted to refuse medical treatment and to know the consequences of such action, unless such refusal would be harmful to the health and safety of others and such harm is documented by a physician in the resident's clinical record. The resident's refusal shall free the facility from the obligation to provide the treatment."

Section 2-108 of this Act states that, "Every resident shall be permitted unimpeded, private and uncensored communication of his choice by mail, public telephone or visitation."

The HRA found nothing to support the claim the resident was being made to take medication that gives her unwanted side-effects that the medication interferes with her medical condition, and she does not need the medication. The resident recanted the claim that when communication is made to family members, the calls are blocked by facility personnel. The allegations are unsubstantiated.